

**IN THE CLAIMS:**

Please cancel claims 42 and 43 without prejudice or disclaimer. Applicant reserves the right to pursue unclaimed subject matter in related continuing or divisional applications. Please also amend claims 5, 10, 11, 44, 45, 52 and 53 as indicated below.

Claim 1 (Previously Presented): A method of reducing inflammation, comprising the step of administering a therapeutically effective dose of a botulinum toxin to an affected area of a subject suffering from inflammation, wherein the botulinum toxin reduces at least one symptom of inflammation, and wherein said therapeutically effective dose is sufficient to reduce said at least one symptom of inflammation but less than a dose necessary to produce substantial muscle weakness within the affected area.

Claims 2-4 (Canceled).

Claim 5 (Currently Amended): The method of Claim 1, wherein the chemodenervating agent is selected from the group consisting of botulinum ~~toxins~~ toxin types A, B, C, D, E, F, and G.

Claim 6 (Previously Presented): The method of Claim 1, wherein the chemodenervating agent is administered in conjunction with another anti-inflammatory agent.

Claim 7 (Original): The method of Claim 6, wherein the other anti-inflammatory agent is a steroid.

Claim 8 (Original): The method of Claim 6, wherein the other agent is non-steroidal.

Claim 9 (Canceled).

Claim 10 (Currently Amended): A method for treating allergic blepharoconjunctivitis comprising the step of administering a therapeutically effective dose of a botulinum toxin in a periocular area of a subject suffering from blepharoconjunctivitis, thereby reducing inflammation, **wherein said therapeutically effective dose is sufficient to reduce at least one symptom of inflammation but less than a dose necessary to produce substantial muscle weakness within said periocular area.**

Claim 11 (Currently Amended): A method for treating classic type 1 hypersensitivity comprising the step of ~~administering~~ **administering** a botulinum toxin to an affected area of a subject suffering from classic type 1 hypersensitivity, thereby reducing inflammation, **wherein said therapeutically effective dose is sufficient to reduce at least one symptom of inflammation but less than a dose necessary to produce substantial muscle weakness within said affected area.**

Claim 12 (Previously Presented): The method of Claim 11, wherein the hypersensitivity is hay fever, rhinitis, allergic rhinitis, allergic forms of eczema, urticaria, rheumatoid arthritis, inflammatory bowel disease, or asthma.

Claim 13-23 (Canceled).

Claim 24 (Previously Presented): A method for treating inflammation, comprising the step of administering a botulinum toxin to an affected area of a subject suffering from

inflammation in a therapeutically effective dose sufficient to reduce a rapid-phase inflammatory response under neural regulation, thereby reducing at least one symptom of inflammation, and wherein said therapeutically effective dose is sufficient to reduce the at least one symptom of inflammation but less than a dose necessary to produce substantial muscle weakness within said affected area.

Claim 25 (Previously Presented): The method of Claim 24, wherein the botulinum toxin is selected from the group consisting of botulinum toxin A, B, C, D, E, F and G.

Claims 26-43 (Canceled).

Claim 44 (Currently Amended): The method of claim 10, wherein the chemodenervating agent is selected from the group consisting of botulinum ~~toxins~~ toxin types A, B, C, D, E, F, and G.

Claim 45 (Currently Amended): The method of claim 11, wherein the chemodenervating agent is selected from the group consisting of botulinum ~~toxins~~ toxin types A, B, C, D, E, F, and G.

Claim 46 (Previously Presented): The method of claim 24, wherein said botulinum toxin reduces mast cell degranulation, thereby reducing inflammation.

Claim 47 (Previously Presented): The method of claim 46, wherein the mast cell is activated by either non-immunologic or immunologic-based processes.

Claim 48 (Previously Presented): The method of claim 24, wherein the therapeutically effective dose is sufficient to reduce release of preformed mediators of inflammation.

Claim 49 (Previously Presented): The method of claim 48, wherein the therapeutically effective dose is sufficient to reduce release of leukotrienes, prostaglandins, histamine, serotonin, platelet activating factor, tryptase, or kininogenase.

Claim 50 (Previously Presented): The method of claim 1, wherein said inflammation is ocular surface allergic inflammation.

Claim 51 (Previously Presented): The method of claim 24, wherein the therapeutically effective dose is between one third and several orders of magnitude less than the dose necessary to produce substantial muscle weakness in an affected area.

Claim 52 (Currently Amended): The method of claim 10 42, wherein the therapeutically effective dose is between one third and several orders of magnitude less than the dose necessary to produce substantial muscle weakness in an affected area.

Claim 53 (Currently Amended): The method of claim 11 43, wherein the therapeutically effective dose is between one third and several orders of magnitude less than the dose necessary to produce substantial weakness in an affected area.

Claim 54 (Previously Presented): The method of claim 1, wherein the at least one symptom of inflammation is heat release, vasodilation, erythema, edema or pain.

Claim 55 (Previously Presented): The method of claim 54, wherein the at least one symptom of inflammation is pain.

Claim 56 (Previously Presented): The method of claim 24, wherein the at least one symptom of inflammation is heat release, vasodilation, erythema, edema or pain.

Claim 57 (Previously Presented): The method of claim 56, wherein the at least one symptom of inflammation is pain.